

# **EXHIBIT J**

## RESPONSE TO LETTER TO THE EDITOR

# Response to the Letter to the Editor From Jeffrey Brent, MD, PhD. Re: Mesothelioma Associated With the Use of Cosmetic Talc

## Reply:

Thank you for the opportunity to reply to Dr Brent's letter regarding the 2019 publication, Mesothelioma Associated With the Use of Cosmetic Talc.<sup>1</sup> The purpose of the case series was to highlight the need to take a comprehensive asbestos exposure history of individuals with mesothelioma and identify the sources of their exposure, including cosmetic talc. To demonstrate that cosmetic talcum powder is a potential source of asbestos exposure, 33 cases were presented. In six cases, one of my coauthors evaluated tissue to determine whether asbestos fibers were present. These findings along with extensive case histories for these six individuals were presented. Data for all 33 cases were obtained through a medicolegal review. Exposure data were collected through deposition transcripts of the individual with mesothelioma, family members, and for a small number of individuals through an in-person interview. To the best of our knowledge, based on the individual's testimony, and a detailed review of all facts provided to us, no other sources of asbestos apart from the cosmetic talc were present.

As a result of Dr Brent's letter, I have reviewed the cases included in the article and reviewed medical expert reports by physicians hired by the talc manufacturers in the same cases to identify whether they found additional asbestos exposure. In doing so, I identified one individual with an alternate exposure. This single case (of the 33) should not have been included in the article because the individual

was exposed to asbestos both from talcum powder and from asbestos-contaminated cigarette filters. Interestingly, not one of the five physicians who consulted on this single case for the talc manufacturers stated that this asbestos exposure was a contributing factor. I disagree with these physicians. This single case should be considered as having two sources of asbestos exposure: talcum powder and crocidolite asbestos-laden cigarette filters. Thus, the sample size should be 32 individuals, rather than 33. This error does not negate the other 32 cases, in which no other source of asbestos was present apart from cosmetic talcum powder.

Dr Brent cites a blog he "recently became aware of..." The blog, written by an individual who represents talc manufacturers, did not undergo peer review or obtain any data. Nor am I able to discern from the lawyer's blog what sources, if any, that the blog relies upon for its conclusions. In the blog, a legal case discussed one individual who had filed a worker's compensation claim regarding workplace exposure to asbestos, an exposure that was refuted by the employer. The individual also requested that the worker's compensation case be dismissed. The individual did not recall working with or around asbestos products at the textile plant. This individual, in sworn testimony, denied working with or around asbestos at this plant and did not recall others manipulating pipes while the individual was present. However, the individual did use cosmetic talcum powder while working as a hairdresser. Upon full review—and despite the existence of a dismissed worker's compensation claim—it is my opinion that this individual did not have an alternate exposure to asbestos apart from cosmetic talc. Of note, it is critical to realize that the presence of asbestos in some locations within a facility does not automatically lead to a meaningful exposure for all workers that can lead to disease.

It is also important to note that this study is not the only one identifying cosmetic talc as a potential source of asbestos exposure. For example, in 2020, Emory et al<sup>2</sup> published

a larger case series of 75 individuals with mesothelioma and no other identified source of asbestos exposure. Additional cases of mesothelioma associated with cosmetic talc exposure were recently presented,<sup>3</sup> where 122 cases with no other exposure to asbestos apart from cosmetic talc were identified. There is more evidence that cosmetic talc contains asbestos, which can lead to mesothelioma in some individuals. The International Agency for Research on Cancer notes that talc contaminated with asbestos is carcinogenic.<sup>4</sup> This article, as well as others published after undergoing peer review, has identified more than 200 individuals with cosmetic talc exposure and mesothelioma. Clinicians should elicit a full history of all exposures, including occupational, paraoccupational, and environmental, when assessing individuals with mesothelioma. This article, published more than 3 years ago, sought to inform the medical community that cosmetic talcum powder use is a potential source of asbestos exposure. I stand by that conclusion.

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## REFERENCES

1. Moline J, Bevilacqua K, Alexandri M, Gordon RE. Mesothelioma associated with the use of cosmetic talc. *J Occup Environ Med* 2020;62:11–17.
2. Emory TS, Maddox JC, Kradin RL. Malignant mesothelioma following repeated exposures to cosmetic talc: a case series of 75 patients. *Am J Ind Med* 2020;63:484–489.
3. Moline J, Patel K, Frank AL. Exposure to cosmetic talc and mesothelioma. *J Occup Med Toxicol* 2023;18:1.
4. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, International Agency for Research on Cancer, World Health Organization. *Carbon Black, Titanium Dioxide, and Talc*. Lyon, France: International Agency for Research on Cancer, Distributed by WHO Press; 2010.

Conflicts of interest: The author has served as an expert witness in asbestos litigation on behalf of plaintiffs, including in cases in which patients with cosmetic talc exposure developed mesothelioma.

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